



Community Development
10000 Centennial Parkway
Sandy, Utah 84070
Telephone # (801) 568-7250
Facsimile # (801) 568-7278

General Development Application

Revised Feb 2011

For staff use only

File/Case Number: _____ Date Filed: _____
Fee: _____ Receipt# _____ Assigned Planner: _____

Type of Request *(mark all that apply)*

<input type="checkbox"/>	Site Plan Review
<input type="checkbox"/>	Code Amendment
<input type="checkbox"/>	Annexation
<input type="checkbox"/>	General Plan Amendment
<input type="checkbox"/>	Street Vacation/Closure

<input type="checkbox"/>	Subdivision
<input type="checkbox"/>	Sign Review/Appeal
<input type="checkbox"/>	Rezoning of Property
<input type="checkbox"/>	Conditional Use Permit
<input type="checkbox"/>	Special Exception

Provide a brief summary of the proposed action/development:

Project Information

Name of Proposed Project: _____ Address: _____
Parcel Tax I.D. Number(s): _____ Acreage: _____

Applicant Information

Name: _____ Company: _____
Address: _____ City, State, Zip: _____
Phone #'s: Primary: _____ Cell: _____ Fax: _____
Email: _____ Signature: _____ Date: _____

Project Contact Information *(if different from applicant)* **NOTE:** This person will be staff's **ONLY** contact for the Review Process.

Name: _____ Company: _____
Address: _____ City, State, Zip: _____
Phone #'s: Primary: _____ Cell: _____ Fax: _____
Email: _____ Signature: _____ Date: _____

Property Owner Information *(if different than applicant)*

Name: _____
Address: _____ City, State, Zip: _____
Phone #'s: Primary: _____ Cell: _____ Fax: _____
Email: _____ Signature: _____ Date: _____

Project Staff/Additional Contacts

Developer:

Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone #'s: Primary: _____ Cell: _____ Fax: _____

Engineer:

Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone #'s: Primary: _____ Cell: _____ Fax: _____

Planner:

Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone #'s: Primary: _____ Cell: _____ Fax: _____

Architect:

Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone #'s: Primary: _____ Cell: _____ Fax: _____

Other:

Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone #'s: Primary: _____ Cell: _____ Fax: _____

Other:

Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone #'s: Primary: _____ Cell: _____ Fax: _____

Note: The Planning Commission normally meets on the first and third Thursdays of the month. Applicants will be notified of changes in meetings and meeting times. The Planning Division will not officially accept a submittal until the conditions and necessary parts of each application procedure are completed.